Department of Information Technology
110 South Seventh Street, Richmond VA 23219
Telecommunications Service Request

Agency Information:

Agency/Activity Code: _____ **Agency:** _____

Agency Telecommunications Coordinator: _____

Address: _____

City: _____ **Zip:** _____

Tel. No.: _____ **FAX:** _____

Date: _____ **Agency Log No.:** _____

Location of Requested Service:

Address: _____

City: _____ **Zip:** _____

Contact: _____ **Tel. No.:** _____ **FAX:** _____

Account No. (if billed directly by Telco): _____

(DIT use only):

OGTS: _____ **LG:** _____

Account No.: _____ **Order Writer:** _____

Instructions to DIT/Telco/Vendor. Note: Changes to this Service Request Are Not Authorized.

Service Requested As Follows: **Requested Date Due:** _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Approved: _____

Agency Fiscal Officer

Telecommunications Service Request
(Continuation Sheet)

Agency/Activity Code: _____   **Agency Log Number:** _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____